CALIFORNIA DEPARTMENT OF MENTAL HEALTH

MENTAL HEALTH SERVICES ACT

WORKFORCE EDUCATION AND TRAINING

FIVE-YEAR STRATEGIC PLAN

DRAFT 9-25-2006

FOR DISCUSSION ONLY

The Mental Health Services Act (Act) stipulates that California will develop a five-year education and training development plan (Five-Year Plan). This second draft incorporates stakeholder input of the first draft, reports on accomplishments to date, and proposes actions for implementation in the near-term. Inserts such as this are interspersed throughout the document to provide a commentary on the parts of the Five-Year Plan. This Five-Year Plan will remain in draft form until an inclusive stakeholder process is completed for all parts of the Plan.

Fiscal Year 2005-06 through Fiscal Year 2009-10

Mental Health Services Act
Workforce Education and Training
Five-Year Strategic Plan

September, 2006

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EXECUTIVE SUMMARY

The Executive Summary will be written by the Director of the Department of Mental Health (The Department), and will summarize the Five-Year Plan, how it was developed, and how it will be implemented. The Department is responsible for the development of the Five-Year Plan, with review and approval by the California Mental Health Planning Council (Council), and oversight by the Mental Health Services Oversight and Accountability Commission (Commission). The Department will follow an inclusive stakeholder process, by which all interested individuals will be invited to participate in the development of this plan, and to comment upon all regulations, policies, practices and use of funds earmarked for education and training activities within the purview of the Act.

STEPHEN W. MAYBERG, Ph.D., Director

TABLE OF CONTENTS

The above section will list the education and training activities that have been planned and accomplished to date. These primarily consist of stakeholder participation in the development of the Five-Year Plan and early implementation of activities consistent with the intent of the Act. The following section will list Actions for fiscal year 2006/07 that will lead to the development of a workforce capable of providing public mental health services as envisioned by the Act. These Actions and Accomplishments will be reviewed and adjusted annually, with a yearly report of each year's Accomplishments and Actions for the duration of the Five-Year Plan.

This section will depict resources allocated to the Education and Training Fund, as well as funds budgeted by each county for education and training activities. Annual updates will reflect expenditures as well as budget adjustments for succeeding years.

Appendices

Appendix A: Statewide Agreements _____

This section will summarize contracts, interagency agreements, and memoranda of understandings that are executed and administered by the Department that contribute to the accomplishment of objectives listed in the Five-Year Plan.

Appendix B: County Plans _____

This section will summarize county needs assessments and program and expenditure plans pertaining to education and training activities.

Appendix C: Stakeholder Process _____

This section will document input by all interested individuals through meetings, forums and Departmental website calls for comment.

INTRODUCTION

In November of 2004 the people of California enacted the Mental Health Services Act (Act) in order to build a better public mental health system. A component of the Act is to establish an education and training program with dedicated funding to remedy the shortage of qualified individuals, and to implement a five-year education and training development plan.

The California Department of Mental Health (Department), in partnership with its stakeholders, has created a five-year strategic planning process as a means to implement this component of the Act. The key elements of this Five-Year Plan are 1) the mission, core values and vision that are consistent with the intent of all components of the Act, 2) a comprehensive statewide workforce education and training needs assessment, 3) goals and objectives stipulated by the Act, 4) a continuous five-year planning cycle of actions, with a yearly report of accomplishments, and 5) a yearly report of resource assumptions, to include the Education and Training Fund. Finally, statewide and county agreements, programs and plans are described in the appendices, with a documentation of the process of stakeholder inclusion that was undertaken in the development of the Five-Year Plan.

This Five-Year Plan covers the period of June, 2005 through June, 2010. The mission, core values, vision statement, goals and objectives will remain throughout the plan. The needs assessment, accomplishments, planned actions and resources will be updated annually.

MISSION

The California public mental health community, in partnership with its diverse stakeholders, will develop and maintain a sufficient workforce, to include consumers and family members, capable of providing consumer- and family-driven, culturally competent services that promote wellness, recovery, and resiliency, and lead to measurable, values-driven outcomes.

CORE VALUES

The following core values encompass all activities pursuant to the Act, to include workforce education and training:

- Promote wellness, recovery and resilience.
- Increase consumer and family member involvement in policy, program development, and employment in service delivery and behavioral health administration.
- Develop a diverse, culturally sensitive and competent workforce in order to increase the availability and quality of mental health services and supports for individuals from every cultural group.
- Deliver individualized, consumer and family-driven services that are outcome oriented and based upon successful or promising practices.
- Create access to services for underserved and unserved populations.

VISION STATEMENT

This leadership guidance was derived from a keynote speech provided by the Director of the Department of Mental Health, Dr. Stephen Mayberg, at a February, 2006 statewide education and training policy forum in Newport Beach.

- Leadership. The Act has provided both a mandate and an opportunity for transforming the public mental health system. Transformative change starts with the people who have the capacity and passion to excel and mentor the practices, approaches and treatments that are sensitive and responsive to consumers' needs and cultures, and produce more favorable outcomes. The Five-Year Plan needs to recognize and support those successful individuals, programs and practices.

- Responsiveness. All service disciplines must be sufficiently staffed to meet California's mental health services and support needs at all

levels of education and experience; from peer and family supports to licensed professionals.

- Inclusion. The Five-Year Plan needs to reflect an ongoing process that positively engages all individuals who can impact the mental health system workforce. This includes a) outreaching to present and future mental health service providers, b) engaging all stakeholders in planning and decision-making, c) partnering with all education and training institutions, internship programs and potential entities capable of addressing workforce needs, and d) engaging the public.

- Fidelity. Both curricula and methods of teaching at all levels of education and training need to be consistent with an agreed upon set of curricula and methods of teaching that appropriately integrate theory and practice, and are based upon the Five-Year Plan's Core Values. A consistent mental health career pathway should facilitate navigation from entry level through licensed professional occupations, while allowing entry into the workforce at any level.

- Relevance. Finally, the Five-Year Plan should be a permanent means to incrementally improve the workforce, with accountability at all levels. This involves planning, resourcing, implementing and evaluating on an ongoing basis to realistically reflect both emerging program developments and fiscal constraints. It should also balance the appropriate level of education and training provided at the community, regional and statewide levels.

STATEWIDE NEEDS ASSESSMENT

Background. California faces a significant shortage of individuals capable of delivering the public mental health services envisioned by the Act. Previous studies have pointed to high vacancy rates in certain occupational classifications, lack of diversity in the workforce, poor distribution of existing resources, and under-representation of consumers and family members in the provision of services and supports. The workforce also needs the skills to deliver services and supports that emphasize wellness, recovery and resilience, and that result in positive outcomes.

The historical lack of sufficient public mental health funding has challenged county and contract agency administrators to creatively adjust their capacity to deliver services to reflect available resources. In addition, the traditional emphasis on treating symptoms rather than promoting strengths has resulted in a workforce composition that is responsive to a more "medical model" approach. Current mental health licensing and credentialing requirements reinforce this tendency. For the Act to fulfill its mandate to transform mental health service delivery the composition and capabilities of the workforce that provides the services must also transform. For example, the projection of numbers of individuals in occupational categories in the next five years will likely include a transformation within the categories themselves.

The needs assessment included in this Five-Year Plan will address current workforce requirements as well as workforce projections consistent with the transformative vision of the Act. The following issues, among others, will influence the development of the needs assessment and guide the Department in constructing a model that assists in funding education and training programs:

- The public mental health system must be relevant and responsive to underserved and unserved populations, and be deployed to meet needs not presently reflected in current perceived vacancy rates.
- Ethnic diversity, linguistic capacity, and cultural competence of the workforce will need to keep pace with the changes in ethnic and monolingual populations.
- Changes in how services are delivered as a result of the Act are likely to affect licensure and credentialing requirements.
- Emerging best practices, which are consistent with the values of the Act, may change regulations and policies governing the composition of the workforce, as well as related recruitment, training and education.
- Identifying occupational functions rather than focusing on specific classifications of mental health service providers will influence the current service provider-to-population ratios.
- The enrollment capacities of educational programs will need to be considered in planning the strategic use of education and training funds.

The dynamic nature of these variables dictates an ongoing participatory research approach to the development of the needs assessment, ensuring that the values of stakeholders are included and operationalized in the methodology used to project future workforce needs.

Workforce needs generated by the Act. Pursuant to local stakeholder planning processes, county mental health programs have begun implementing community services and supports (CSS) plans. The Act requires that each county mental health program submit a needs assessment identifying the anticipated increases in each professional and other occupational category needed to provide the projected increase in services to consumers and their families.

Submitted county CSS Plans were summarized and analyzed for new MHSA workforce positions, stated needs and challenges, and cultural diversity and language proficiency issues.

Statewide estimates indicate that over 4,300 new positions are being created with initial MHSA funding, with the following service provider occupational classifications reported:

- 5% - Psychiatrists and other physicians
- 9% - Nursing personnel
- 15% - Social workers
- 5% - Psychologists
- 17% - Therapists or counselors
- 21% - Case managers
- 17% - Mental health workers
- 9% - Other occupations

Over 20 percent of all of the new MHSA positions have been specifically designated to be filled by consumers and/or family members. While employing significant numbers of the more traditional occupations, the above numbers delineate a movement toward a different workforce composition than currently exists. To fill newly created positions there is both a need to respond to challenges in recruiting and retaining traditional occupations, as well as an evolving need to recruit, train and support

individuals in transformative roles, with newly defined job descriptions and required qualifications.

Counties reported the following recurring challenges:

- Language proficiency, cultural competency, and diversity of the workforce. Individuals with Hispanic/Latino heritage are uniformly underrepresented in the workforce. Counties reported a need to attract and retain staff who are bicultural and bilingual, especially in Spanish. Specific communities reported discrete immigrant populations that pose cultural competency and language proficiency challenges. Native American tribes and rancherias continue to be underserved.
- Organizational capacity to support new services. Due to a history of chronic under funding of public mental health, counties and contract agencies lack the infrastructure to administratively support the significant addition of new workers and programs.
- Geographical challenges of recruiting staff and reaching consumers. County mental health programs have responded to stakeholder input to field programs dedicated to underserved and unserved populations. These new programs now face the challenge of finding workers willing and able to work in remote areas. Many of these communities are not able to compete economically for a limited pool of qualified workers.
- Hiring consumers and family members. The Act has created a significant number of service provider positions for consumers and family members. In addition, consumers and family members might fill a number of non-designated positions at all levels of the mental health system. Counties have indicated a number of challenges in incorporating these new employees into their existing workforce. Expected challenges include role transition from consumer to provider, reasonable accommodations, ongoing employment supports to new employees to navigate changes in public benefits, role transitions for existing employees accommodating to a recovery-based system, and incorporation of positions into civil service classifications to facilitate career progression.
- Recruiting and retaining licensed staff. The public mental health system has experienced a chronic shortage of individuals capable of prescribing and administering psychotropic medications, diagnosing

serious mental illness, and signing treatment plans. The addition of new MHSA funded programs has exacerbated the problem.

The identification of counties' challenges in developing a capable workforce for new MHSA services has provided useful information with which to initially plan and implement actions to address these challenges, and ultimately to increase and strengthen the entirety of California's community public mental health workforce.

The Department is working with consultants and stakeholders to develop a strategy for conducting a comprehensive assessment of the entirety of California's needs related to its community public mental health workforce. The intent is to analyze and measure workforce need, capacity to meet the need, and provide valid data and analysis to facilitate workforce education and training planning and allocation of resources. Also, an ongoing evaluative process will be developed to measure progress toward meeting workforce needs over time.

GOALS AND OBJECTIVES

The purpose of the following Goals and Objectives is to provide a structure for the creation of a realistic set of actions for California's public mental health community to accomplish in order to positively influence the workforce, and thereby improve the quality of services and supports received by individuals and their families.

The Goals listed are limited in number, and provide broadly defined strategic directions. The Objectives are a specific set of outcomes that have been stipulated by the Act to be included in the Five-Year Plan, and are proposed to accomplish each broad Goal.

Goal #1 – Develop sufficient qualified individuals for the public mental health workforce.

Objective A: Expand the capacity of postsecondary education programs to meet the needs of identified mental health occupational shortages.

Objective B: Expand loan forgiveness and scholarship programs offered in return for a commitment to employment in California's public mental health system. Extend these programs to interns and current employees of the mental health system who want to obtain Associate of Arts, Bachelor, Masters and Doctoral degrees.

Objective C: Create stipend programs for persons enrolled in academic institutions who want to be employed in the public mental health system.

Objective D: Promote the employment of consumers and family members at all levels in the mental health system.

Goal #2 – Increase the quality and success of educating and training the public mental health workforce in the expressed values of the Act.

Objective E: Develop curricula to train and retrain staff to provide services in accordance with the expressed values of the Act.

Objective F: Promote the inclusion of cultural competency in all training and education programs.

Goal #3 – Increase the partnership and collaboration of all entities involved in public mental health workforce education and training.

Objective G: Establish regional partnerships within the public mental health and educational systems in order to expand outreach to multicultural communities and increase the diversity of the public mental health workforce, reduce the stigma associated with mental illness, and promote the use of web-based technologies and distance learning techniques.

Objective H: Increase the prevalence of mental health career development opportunities in high schools, adult education and regional occupational programs, such as health science and human service academies, in order to recruit students for public mental health careers.

Objective I: Promote the meaningful inclusion of mental health consumers and family members, and incorporate their viewpoints and experiences in all training and education programs.

ACCOMPLISHMENTS AND ACTIONS

1. Accomplishments

A. Enacted Public Planning Process. Upon passage of the Mental Health Services Act the Department of Mental Health engaged in a public planning process to facilitate maximum participation by the broadest group of participants, or stakeholders, in transforming community public mental health service delivery in California. The Department, in partnership with its stakeholders, developed a process and set of guiding principles by which policy and decision-making could be accomplished in as inclusive and transparent manner as possible. Key to these guiding principles was 1) implementing practices that would ensure active participation by consumers and family members in order to incorporate their viewpoints and experiences, and 2) promoting the inclusion of cultural competency throughout all activities connected to the Act.

Within this context the MHSA workforce education and training component embarked upon a public planning process, beginning with a series of three statewide forums (June of 2005 in Sacramento, February 2006 in Newport Beach, and April 2006 in Sacramento and Anaheim) for the public to provide input on what was needed and how to address California's workforce education and training challenges.

A statewide advisory body was formed that included leaders and subject matter experts from 1) statewide constituency organizations, such as the National Alliance for the Mentally Ill – California (NAMI), California Network of Mental Health Clients (CNMHC), California Mental Health Directors Association (CMHDA), United Advocates for Children of California (UACC), California Association of Psychosocial Rehabilitation Agencies (CASRA), California Mental Health Planning Council (CMHPC) and the Oversight and Accountability Commission (OAC), 2) educational institutions, and 3) professional organizations.

This advisory body assisted in the formation of special topic workgroups, each focusing on one of the objectives outlined in the Five-Year Plan, and responsible for crafting a series of recommended actions for public consideration. Each workgroup was comprised of a cross-section of individuals representing county mental health, contract agencies, educational

institutions, professional organizations, and consumers and family members. Participants articulated the issues and concerns of racial/ethnic groups, administration and service provider staff, and special populations/age groups being served.

B. Developed MHSA Workforce Education and Training Infrastructure. The Department formed an MHSA Workforce Education and Training Unit that is responsible for facilitating and supporting the public planning process and writing and administering the Five-Year Plan. This unit works with the Human Resources Committee of the California Mental Health Planning Council and the Education and Training Committee of the Oversight and Accountability Commission to execute the statutory requirements of the Act for approval and oversight of the Five-Year Plan.

C. Implemented Early Education and Training Resources. MHSA funding was added to existing California resources recognized for their ability to immediately address training and workforce needs on a statewide basis.

- Organizational Change Support. The California Institute for Mental Health (CIMH) expanded its existing statewide training and technical assistance mission of supporting county mental health programs. This expansion included ongoing technical assistance for organizational movement toward values-driven, evidence-based service delivery as envisioned by the Act, and to facilitate regional learning collaborative networks to plan and implement new practices.
- Financial Incentive Program. The California Social Work Educational Consortium (CalSWEC) expanded its existing stipend program to provide financial incentives for students in masters-level social work programs to commit to work in community public mental health. One hundred seventy-three graduates are now available for employment this year. This program provides a replicable model for development of additional financial incentive programs.
- Statewide Constituency Partnership. The statewide constituency organizations of the California Network of Mental Health Clients (CNMHC), United Advocates for Children (UACC), and the National Alliance for the Mentally Ill – California (NAMI) are expanding their efforts to reach consumers and family members with self-help technical assistance and train-the-trainer curricula,

such as Educate, Equip and Support – Building Hope, Peer-to-Peer, Family-to-Family, and Wellness Recovery Action Planning. These curricula will promote the meaningful inclusion and employment of consumers and family members at all levels of the public mental health system.

Stakeholders are invited to provide input on the following proposed education and training Actions to be taken in the current fiscal year that address the above listed objectives. These are short-term strategies to address immediate needs, and provide incremental steps toward fully honoring the stipulations of the Act. For example, the funding of replicable models enables new programs and structures to be started that can immediately address need, develop lessons learned, and provide assistance for the subsequent growth of programs and trainings to the level of established need.

2. Actions for FY 2006/2007

Objective A: Expand the capacity of postsecondary education programs to meet the needs of identified mental health occupational shortages.

- Action #1. Fund replicable model residency and internship programs that have the capacity to address critical shortages of individuals capable of prescribing and administering psychotropic medications and signing treatment plans.
- Action #2. Expand certification programs that produce individuals proficient in delivering community public mental health services that are in accordance with the intent of the Act.
- Action #3. Promote the development of continuing education unit (CEU) trainings to address services delivered in accordance with the intent of the Act.
- Action #4. Provide funding that enables release time for community public mental health service providers and education faculty to work together in their respective settings to influence curricula that promotes wellness, recovery and resiliency and stigma reduction.

Fund consumers and family members to participate in faculty and staff exchanges at the workplace and in educational settings.

Objective B: Expand loan forgiveness and scholarship programs offered in return for a commitment to employment in California's community public mental health system. Extend these programs to interns and current employees of the mental health system who want to obtain Associate of Arts, Bachelor, Masters and Doctoral degrees.

- Action #5. DMH to partner with the Health Professions Education Foundation (HPEF) to develop an MHSA scholarship and loan forgiveness program modeled after existing statewide programs.
- Action #6. DMH to partner with the Office of Statewide Health Planning and Development (OSHPD) to maximize federal funding to California for existing scholarship and loan forgiveness programs in designated mental health profession shortage areas.

Objective C: Create stipend programs for persons enrolled in academic institutions who want to be employed in the public mental health system.

- Action #7. In addition to CalSWEC expand the capability of additional occupational professions to develop stipend programs.

Objective D: Promote the employment of consumers and family members at all levels in the mental health system.

- Action #8. Fund replicable model community public mental health entry level preparation programs for consumers and family members.
- Action #9. Expand existing statewide contracts to CNMHC, NAMI, UACC and trainers/consultants to California's Mental Health Cooperative Programs to focus development in the areas of a) career advancement, or pipeline strategies for positions designated for consumer and family members, b) alternate civil service minimum qualifications to honor consumer, family member lived experience, c) agency assessment of readiness to support consumer and family members in the workplace, d) essential elements of ongoing employment support, and e) preparation to run programs operated by consumer and family members.

- Action #10. Expand the functions of the consumers and family members who participate in the DMH expert pool, and establish similar expert pools at regional levels.

Objective E: Develop curricula to train and retrain staff to provide services in accordance with the expressed values of the Act.

- Action #11. Establish an ongoing MHSA education and training coordinating council comprised of leadership from county mental health programs and their contract agencies, professional organizations, education and training institutions, and consumers and family members. This council would provide guidelines and principles for training and technical assistance tracks and topics appropriate under the Act, and review and comment on core competencies and curricula.

Objective F: Promote the inclusion of cultural competency in all training and education programs.

- Action #12. Cultural competency is a cross-cutting objective that is proactively addressed in all goals and objectives. All MHSA funded education and training will be required to address how their program/training will include the principles and practices of cultural competency, and will positively impact the diversity and language proficiency of the public mental health workforce.

Objective G: Establish regional partnerships within the mental health and educational systems in order to expand outreach to multicultural communities and increase the diversity of the mental health workforce, reduce the stigma associated with mental illness, and promote the use of web-based technologies and distance learning techniques.

- Action #13. Fund initial regional partnership structures throughout California as replicable models, and support the establishment of additional regional partnerships, as locally determined.
- Action #14. Convert MHSA relevant trainings into a blended learning format to enable web-based access throughout California.

Objective H: Increase the prevalence of mental health career development opportunities in high schools, adult education and regional occupational programs, such as health science and human service academies, in order to recruit students for mental health careers.

- Action #15. Fund the planning process to establish replicable model mental health career pathway programs.

Objective I: Promote the meaningful inclusion of mental health consumers and family members, and incorporate their viewpoints and experiences in all training and education programs.

- Action #16. Inclusion of consumers and family members is a cross-cutting objective that is proactively addressed in all objectives. All MHSA funded education and training will be required to address how their program/training will include the viewpoints and experiences of consumers and family members.

RESOURCES

APPENDICES

1. **Appendix A: Statewide Agreements**
2. **Appendix B: County Plans**
3. **Appendix C: Stakeholder Process**